Illinois Department of Public Aid

201 South Grand Avenue East
Springfield, Illinois 62763-0001

Rod R. Blagojevich, Governor
Barry S. Maram, Director

Telephone: (217) 782-5565
TTY: (800) 526-5812

4/5/04

INFORMATIONAL NOTICE

TO: Dialysis Centers serving the counties of: Alexander, Bond, Clay, Clinton, Crawford, Edwards, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper, Jefferson, Johnson, Lawrence, Madison, Marion, Massac, Monroe, Perry, Pope, Pulaski, Randolph, Richland, Saline, St. Clair, Union, Wabash, Washington, Wayne, White and Williamson

RE: Non-Emergency Transportation Services Prior Approval Program (NETSPAP)

The Illinois Department of Public Aid has contracted with First Transit, Inc. to administer the Non-Emergency Transportation Services Prior Approval Program (NETSPAP) in the counties listed above.

Effective with trips on or after May 1, 2004, participants residing in any of the counties listed above must obtain prior approval for all non-emergency medical transportation from First Transit. The Department of Human Services' local offices in these counties will no longer handle prior approval requests for non-emergency medical transportation services.

The participant, medical provider or transportation provider may call for the prior approval of single trips, such as hospital discharge. Transportation providers CANNOT make arrangements for standing orders. **ONLY MEDICAL PROVIDERS CAN MAKE ARRANGEMENTS FOR STANDING ORDERS.** Currently, standing orders are limited to five medical treatments: renal dialysis, behavioral health services, chemotherapy, radiation therapy and physical therapy.

Non-emergency transportation must be:

- For an eligible participant;
- For department approved medically necessary care;
- Provided by an enrolled transportation provider;
- Prior approved by First Transit;
- To the nearest medical provider that meets the participant's needs; and
- Provided in the least expensive mode that meets the participant's medical needs on the date of service.

Questions regarding this notice should be directed to the Bureau of Contract Management at 217-524-7478. Billing questions should be directed to the Bureau of Comprehensive Health Services at 217-782-5565.

Anne Marie Murphy, Ph.D.
Administrator
Division of Medical Programs

Attachment to Non-Emergency Transportation Services Prior Approval Program (NETSPAP)- Notice to Dialysis Centers

Prior Approval Process: The process for non-emergency prior approval for standing orders through First Transit is outlined as follows:

1. The request for transportation must be made **in writing and faxed to First Transit**, using the attached Standing Order Request form completed and signed by a medical provider.

First Transit, Inc.
Fax number: 312-327-3855
Toll-free Telephone number: 1-877-725-0569

2. The request must be made to First Transit at least two business days (excluding weekends and holidays) prior to the trip.

3. If a transportation provider that meets the participant's medical needs is not available, First Transit will provide assistance in selecting an appropriate transportation provider.

4. The participant, or the requesting party, is responsible for arranging transportation with the transportation provider. The transportation provider may phone First Transit to obtain the referral number.

5. Transportation providers will receive an approval letter from the department that lists all trip codes approved by First Transit.

Exceptions – There are two exceptions to the above process:

1. Residents of Long Term Care Facilities. Transportation for a participant who resides in a long-term care facility will **NOT** need prior approval by First Transit. The facility will arrange necessary transportation and the transportation provider will bill the department directly.

2. DCFS Wards. Special procedures are used to approve non-emergency medical transportation for children who are in the care and custody of the Illinois Department of Children and Family Services (DCFS). Only DCFS Medical Liaisons may make non-emergency medical transportation arrangements for DCFS wards. If you have any questions regarding non-emergency medical transportation for a DCFS ward, please contact the child's DCFS caseworker or DCFS at 1-800-228-6533.

On behalf of the department, First Transit conducts a program of random sampling of medical providers, participants and transportation providers to verify the validity of transportation requests.

First Transit

NETSPAP STANDING ORDER REQUEST

1229 N. Northbranch Suite 219
Chicago, Illinois 60622
(877) 725-0569 Voice (312) 327-3855 Fax

ALL BLANKS MUST BE ACCURATELY COMPLETED. FORMS SENT TO FIRST TRANSIT WITH BLANK SPACES OR INSUFFICIENT OR INACCURATE INFORMATION CANNOT BE PROCESSED

☐ New ☐ Renewal

☐ **APPROVED**
☐ Denied
☐ Denial Reason
☐ Returned Incomplete
Reference #

Requesting Organization Information

YOUR FAX NUMBER: _____ **Date You Initiated This Request:** _____ **Your Phone Number:** ( ) _____

Your Organization Name: _____

Your Name - Must match signature below: _____ Your Relationship to Participant: _____

Physician Name: _____ Phone: _____

Recipient Information

Recipient Name: _____ (Last) _____ (First) RIN: _____

Trip Information

Appointment Days:
Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun ☐

☐ Behavioral Health Services _____ Beginning Date:(This request period) _____ UP TO AND INCLUDING 2 MONTHS

☐ Dialysis ☐ Physical Therapy ☐ Chemotherapy ☐ Radiation Therapy

_____ Beginning Date:(This request period) _____ UP TO AND INCLUDING 6 MONTHS

Pick Up Location Name: _____ Phone: _____

Pick Up Location Address: _____

Pick UpTime: _____ Appointment Time: _____ Return Time: _____

Pick Up City: _____ County: _____ State: _____ Zip Code: _____

Drop Off Location Name: _____ Drop Off Location Address: _____

Drop Off City: _____ County: _____ State: _____ Zip Code: _____ Phone: _____

Describe the reason the recipient can not use bus or train transportation: _____

Name of Transportation Provider Requested: _____

LEVEL OF SERVICE REQUESTED: (*MUST BE THE LEAST EXPENSIVE APPROPRIATE TRANSPORTATION REQUIRED TO ACCOMMODATE THE PATIENT'S CURRENT MEDICAL CONDITION.*)

☐ BUS/TRAIN ☐ PRIVATE AUTO ☐ TAXI	☐ SERVICE CAR ☐ NON-EMPLOYEE ATTENDANT	☐ ALS AMBULANCE ☐ BLS AMBULANCE ☐ OXYGEN/SUPPLIES	☐ MEDICAR WHEELCHAIR ☐ MEDICAR STRETCHER ☐ PROVIDER EMPLOYEE ATTENDANT ☐ NON-EMPLOYEE ATTENDANT

Comments: Please specify primary and secondary diagnosis as well as any other pertinent information regarding the patient's physical status.

I understand if I have given false information or intentionally failed to disclose information, I may be subject to prosecution, criminal, civil, or both. I certify, under penalty of perjury, that I have obtained the information on this form from the recipient and the information provided is accurate, to the best of my knowledge, and that I will notify First Transit of any changes in the information set forth above within 10 days of my becoming aware of such changes.

_____ _____

DCFS Medical Liaison/Medical Professional's Signature and Title (must match requesting person above.) Title
(Please circle applicable one)